	34-310
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF  STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:  CASE NAME:	
ONCE INNIE.	
PROOF OF SERVICE—JUVENILE	CASE NUMBER:
<ol> <li>I served a copy of the following documents (copy attached):</li> <li>a. Petition under Welfare and Institutions Code</li> <li>b. Notice of hearing on (date):</li> <li>c. Findings and orders of the court dated (specify):</li> <li>d. Other (specify):</li> </ol>	
<ol> <li>Person served (name):</li> <li>Manner of service (check proper box):         <ul> <li>a. Personal service. By personally delivering copies to the person served.</li> <li>(1) Date of service:</li> <li>b. Substituted service. By delivering copies to a competent adult at the usual place of residence or business of the person served, and thereafter mailing a copy by first-class mail to the person at the place where the copy was delivered.</li> <li>(1) Name of person with whom left:</li> <li>(2) Date and time of leaving:</li> <li>(3) Date of mailing:</li></ul></li></ol>	
5. At the time of service I was at least 18 years of age and not a party to this matter. I am a resident of or employed in the county where the mailing occurred. My residence or business address is <i>(specify)</i> :	
I declare under penalty of perjury under the laws of the State of California that the foregoing	is true and correct.
Date:	
<b>k</b>	
(TYPE OR PRINT NAME)	(SIGNATURE)